

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY
AGENCY REPORT

| | | | |
|--|--|--|---|
| 1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisor Street Address 500 W. Temple St., Room 869 Los Angeles, CA 90012 Area Code/Phone Number 213-974-5555 E-mail fifthdistrict.lacbos.org Agency Contact (name and title) Linda Balderrama | | Date Stamp | California Form 802 For Official Use Only |
| | | <input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year) | |

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 04 / 09 Description of Event: Los Angeles County Fair
10 / 05 / 09 Face Value of Ticket: \$ 17.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair

Number of Tickets Received: 40 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|-----------------------------------|----------------------|---|
| | | |
| | | |
| | | |

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Ulises Guterrez, Outreach Coordinator

Name of Individual or Organization: Santa Anita YMCA Number of Tickets: 10

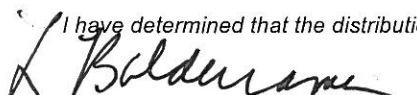
Description of Organization: Organization for youths

Address of Organization: 501 S. Mountain Ave. Monrovia CA 91016
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Encouraging or recognizing significant academic, athletic, or public achievements

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
 Linda Balderrama Ticket Administrator 9-24-09
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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| Board of Supervisor | | | |
| Street Address | | | |
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| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year) | |
| 213-974-5555 | fifthdistrict.lacbos.org | | |
| Agency Contact (name and title) | | | |
| Linda Balderrama | | | |

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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Gino Sund, Chair

Name of Individual or Organization: Altadena Town Council Number of Tickets: 40

Description of Organization: Elected Advisory Board

Address of Organization: 730 E. Altadena Dr Altadena CA 91001
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Promoting intergovernmental relations

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Linda Balderrama Linda Balderrama Ticket Administrator 9-24-09
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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1. Agency Name

Date Stamp

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For Official Use Only

County of Los Angeles

Division, Department, or Region (if applicable)

Board of Supervisor

Street Address

500 W. Temple St., Room 869 Los Angeles, CA 90012

Area Code/Phone Number

213-974-5555

E-mail

fifthdistrict.lacbos.org

Agency Contact (name and title)

Linda Balderrama

☐ Amendment (Must explain in Part 5.)

Date of Original Filing: _____
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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Steve Pierce, Chair

Name of Individual or Organization: Crescenta Town Council Number of Tickets: 40

Description of Organization: Elected Advisory Board

Address of Organization: PO Box 8676 La Crescent CA 91214
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Promoting intergovernmental relations

5. Verification

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Linda Balderrama

Print Name

Ticket Administrator

Title

9-24-09

(month, day, year)

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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Robert Monk, Executive Director

Name of Individual or Organization: Boys & Girls Club of the Foothills Number of Tickets: 10

Description of Organization: Organization for youths


Address of Organization: PO Box 2386 Monrovia CA 91017
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Encouraging or recognizing significant academic, athletic, or public achievements

5. Verification

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 Linda Balderrama Ticket Administrator 9-24-09
Signature of Agency Head or Designee Print Name Title (month, day, year)

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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Jim Ventress, Executive Director

Name of Individual or Organization: Santa Clarita Valley Boys & Girls club Number of Tickets: 40

Description of Organization: Organization for youths

Address of Organization: 24909 Newhall Ave. Santa Clarita CA 91322
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Encouraging or recognizing significant academic, athletic, or public achievements

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Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Deputy Sheriff Art Valenzuela

Name of Individual or Organization: Youth Activities League - Pamela Park Number of Tickets: 10

Description of Organization: Organization for youths

Address of Organization: 2236 Goodall Ave. Duarte CA 91010
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Encouraging or recognizing significant academic, athletic, or public achievements

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Linda Balderrama Linda Balderrama Ticket Administrator 9-24-09
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

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| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Irving Montenegro, Rec. Services Supervisor

Name of Individual or Organization: Pamela Park Number of Tickets: 10


Description of Organization: Los Angeles County park

Address of Organization: 2236 Goodall Ave. Duarte CA 91010
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Supporting & appreciation for community and nonprofit programs or services that benefit County residents

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

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| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|-----------------------------------|----------------------|---|
| Debra Rodarte | 2 | Retaining highly qualified County employees |
| | | |
| | | |

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

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| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
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| Susie Osuna | 2 | Retaining highly qualified County employees |
| | | |
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Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____

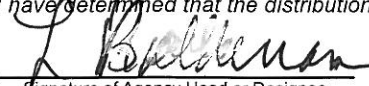
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Address of Organization: _____
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| Sandra Cruz | 2 | Retaining highly qualified County employees |
| | | |
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Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____

Description of Organization: _____

Address of Organization: _____
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| Cathey Hunter | 2 | Retaining highly qualified County employees |
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Name of Individual or Organization: _____ Number of Tickets: _____

Description of Organization: _____

Address of Organization: _____
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| Lori Glasgow | 2 | Retaining highly qualified County employees |
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Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair

Number of Tickets Received: 40 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|-----------------------------------|----------------------|---|
| Mary Villegas | 2 | Retaining highly qualified County employees |
| | | |
| | | |

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____


Description of Organization: _____

Address of Organization: _____
 Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 Linda Balderrama Ticket Administrator 9-24-09
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)